

QUALITATIVE DRUG SCREENING Comment and Response Document

Comment: “Under the indications of coverage section, it states “A blood or urine sample may be used”. Does this mean that only one of these specimen types would be covered for drug screen reimbursement if both are collected and ordered by the provider?” **Response:** No, but there should be a reason that both would be needed.

Comment: “Under the “Indications:” section, it says “Confirmation of drug screens is only indicated when the result of the drug screen is different than that suggested by the patient’s medical history, clinical presentation or patient’s own statement”. This assumes that the ordering provider and the lab are in the same facility, as in an Emergency Department or a POL setting. What about independent labs? Our outreach clients send the specimen & requisition to us, often requesting drug confirmation; we don’t have access to the patient or the medical record.” **Response:** This is meant to minimize “routine” confirmatory tests and would apply to all diagnostic tests, not just labs.

Comment: “I believe the LCD’s list of covered codes should also include ICD9’s 304.0 – 304.8 and ICD9’s 305.2 – 305.8. Since ICD9 304.90 (*unspecified* drug dependence) is listed, why not cover screening for specified drug dependence?” **Response:** NHIC agrees and has revised the LCD accordingly to add the appropriate ranges of specific coding.

Comment: Please consider the following conditions as medically reasonable and necessary:

- Unreliable patient history
- Multiple drug injections
- Suspected history of substance abuse

Response: NHIC has determined that the second and third bullets were already covered because of the “suspected drug overdose” precondition and that the first bullet was too nonspecific.

Comment: Please consider the addition of the following diagnosis codes to support medical necessity:

303.90	Other and Unspecified alcohol dependence
304.01	Opioid Type Dependence Continuous Use
314.00	ADD Without mention of hyperactivity
338.29	Other chronic pain
338.4	Chronic Pain Syndrome
719.41	Pain in joint, shoulder region
719.46	Pain in joint, lower leg
721.0	Cervical spondylosis without myelopathy
721.3	Lumbosacral spondylosis without myelopathy
722.10	Lumbar intervertebral disc without myelopathy
722.4	Degeneration of cervical intervertebral disc
722.52	Lumbar or lumbosacral intervertebral disc
722.83	Lumbar region
723.1	Cervicalgia
723.4	Brachial neuritis or radiculitis NOS
724.2	Lumbago

724.4	Thoraco-Lumbosacral neuritis/radiculitis
724.5	Unspecified backache
729.1	Myalgia and myositis, unspecified
729.5	Pain in limb
V40.39	Other Specified Behavioral Problem
V58.83	Encounter for therapeutic drug monitoring

Response: NHIC agrees that the specific diagnosis code ranges 304.00-304.93; 305.00-305.03 and 305.20-305.93 should be added to support medical necessity. The issue of chronic pain is addressed by diagnosis code V58.69; therefore, the extensive list of pain diagnosis codes will not be added at this time.